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DATE PRINTED

June 14,2002

Page 1 of 1

# JPMORGAN CHASE BANK

JUL 1 2 2002

# COMMERCIAL ACCOUNTS MULTIPLE ACCOUNTS LIST

for OMNIPLUS HEALTH CARE, LLC Tax ID: 760494742 (To be made part of the Commercial Signature Card)

ACCOUNT NUMBER ACCOUNT STYLING

5235 OMNIPLUS HEALTH CARE, LLC

9831 OMNIPLUS HEALTH CARE, LLCPAYROLL ACCT.

D.E.

TD-440-00441C (Rev. 1/98)

□ New <b>134</b> -F	leplacement Card	☐ Change Prod	luct Type
		Change Certification	TBSNEC
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SALESPERSON	PHÓNE	TECA # - GX908.00	4

G515307

713-795-7320

R.ZWICK

# FOR ALL ACCOUNTS

Each Depositor agrees to the provisions of the Terms and Conditions of Deposit Accounts delivered to Depositor herewith ("the Agreement"). Depositor acknowledges receipt of the Agreement, Bank's schedule of service charges and a copy of Bank's Funds Availability Policy.

## **DISCLOSURE REGARDING TUTMA ACCOUNTS**

By signing this card, the Depositor agrees to be bound to the provisions noted below for accounts established under the Texas Uniform Transfers to Minors Act ("TUTMA") not withstanding the provisions in the Terms and Conditions of Deposit Accounts regarding Texas Uniform Gifts to Minors Act Accounts. Accounts established under TUTMA irrevocably transfers the money deposited in the account to the minor. The custodian of the Account acts as a trustee for the minor until the minor is 21 years of age, at which time the minor is absolutely entitled to the money. Neither the donor of the money nor the custodian is entitled to the use of the funds except for the use and benefit of the minor.

I understand that if I establish a TUTMA account for a minor, the money deposited will be the property of the minor, and I may not invest the money in my name, use it to satisfy OnePlus balance requirements on my accounts, or otherwise use the money for my benefit.

# FOR VALUED BUSINESS CHECKING ACCOUNTS ONLY

The signers on this account are allowed to obtain ATM access. Depositor assumes the entire risk for fraudulent, unauthorized or otherwise improper use of ATM cards linked to this account. The Bank has no liability to the depositor for any errors or losses sustained in using the ATM card, except where the Bank fails to exercise ordinary care in processing any transaction. The Bank's liability in any case shall be limited to the amount of any funds improperty withdrawn or transferred from the depositor's account less any amount which, even with the exercise of ordinary care, would have been lost.

# FOR INDIVIDUAL/JOINT ACCOUNTS ONLY

### AGREEMENT REGARDING PULSE CARD

- (1) That if I do not use the PULSE CARD and PERSONAL IDENTIFICATION NUMBER within any consecutive 12 month period this service may be automatically terminated without notice to me.
- (2) That the PULSE CARD and PERSONAL IDENTIFICATION NUMBER will be subject to this signature card, the Agreement, and any other disclosures statements furnished to me.
- (3) That the Bank may terminate or suspend my Pulse services (as described in the Electronic Funds Transfer disclosure) at any time without notice to me and without in

### JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

By signing this card and checking the box on the front of this card marked "Joint Tenancy with Right of Survivorship, the Depositors stipulate and agree with each other and with Bank that the following terms and conditions shall apply to the Account:

- (1) If husband and wife, each Depositor hereby agrees with the other and Bank that existing community funds on deposit and community funds to be deposited in the future and any interest and income shall be held in joint tenancy and shall pass by right of survivorship pursuant to the terms hereafter set forth.
- (2) Depositors agree that, on the death of one party to the joint account listed on the reverse side, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate. If there are two or more surviving parties, their respective ownerships during lifetime shall be in proportion to their previous ownership interests under the Texas Probate Code, Section 438, augmented by an equal share for each survivor of any interest the deceased Co-Depositor may have owned in the Account or the Deposit immediately before his or her death, and the right of survivorship shall continue to be in full force and effect between the surviving parties.
- (3) Depositors agree to indemnify and hold Bank harmless from liability arising from the failure of this Agreement, for any reason, to create a valid joint tenancy with right of survivorship.
- (4) This agreement regarding the right of survivorship will be effective only if the Account styling includes "Joint Account with Right of Survivorship "JAWROS," or words or abbreviations of similar import.

New Peplacement Card	☐ Change Product Type Change Certification
"Bank" refers to: Texas Commerce	
	Houston TX 77030
COMMERCIAL, NONPROFIT & FID ACCOUNT NAME (QNLY) ("Depositor")	
OMNIPLUS HEALTH CARE, L.L.C.	
*	
	OPENED ACCOUNT NUMBER
76-0494742   790-1400   CHECK ONE:	5235
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☐ Partnership ☐ Association	• *
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3.	3.
4.	4
Check if applicable: See attached Signature Card for addition	at T
signers on this Account. *Place asterisk beside name if \$ limits ap signing authority.	ply to
If this account is a TUGMA account, I acknowledge that I have res TUGMA Accounts on the reverse of this signature card.	d and understand the Disclosure Regarding
By signing above, Depositor and each of the signers certifies under (1) The number shown in the blank above is Depositor's correct	Taxpayer Identification Number.
(2) Either: Depositor is NOT subject to backup withholding eith the	er because Depositor has not been notified by
Internal Revenue Service (IRS) that Depositor is subject to back all interest or dividends, or the IRS has notified Depositor that Dep	
Depositor qualifies as one or more of the following las defined in	n the Internal Revenue Code):
an organization exempt from tax under section ED1(a), in	international organization or any agency or strumentality thereof
the United States or any agency or instrumentality a	toreign central bank of issue dealer in securities of commodities required to gister in the U.S. or a possession of the U.S.
agency or instrumentality thereof the	futures commission merchant registered with
under the investment Company Act of 1940 * a * a * a common trust fund operated by a bank under * a * a * a * a * a * a * a * a * a *	ommodity Fetures Trading Commission real estate investment truct financial institution
* # state, the District of Columbia, a possession of	middleman known in the investment community
instrumentality thereof pr  Depositor is NDT any of the following:	a nominee or listed in the most recent oblication of the American Society of Corporate
* a calling of the United States for U.S. tax purposes	· ·
<ul> <li>a corporation, partnership, estate or must organized under the Columbia</li> <li>a United States person.</li> </ul>	laws of one of the United States or District of
Depositor is subject to backup withholding due to notified never	e underreporting and the Depositor has not
received a notice from the internal Revenue Service advising Determinated.  NOTIFY THE BANK IF YOUR STATUS CHANGES.	positor that backup withholding has
MAILING ADDRESS	BAC SERV OFF #
1744 programs was as:	17030 966 05
1720 DRYDEN, BOX 206 STREET ADDRESS, IF DIFFERENT FROM ABOVE	
STREET ADDRESS, IF DIFFERENT FROM ABOVE 6560 FANNIN, SUTTE 2020	AMOUNT
STREET ADDRESS, IF DIFFERENT FROM ABOVE  6560 FANNIN, SUTTE 2020	

### FOR ALL ACCOUNTS

Each Depositor agrees to the provisions of the Terms and Conditions of Deposit Accounts delivered to Depositor herewith ("the Agreement"). Depositor acknowledges receipt of the Agreement, Bank's schedule of service charges and a copy of Bank's Funds Availability Policy.

# DISCLOSURE REGARDING TUGMA ACCOUNTS.

IT the Account is established under the Texas Uniform Gifts to Minors Act ("TUGMA"), the creation of the Account irrevocably transfers the money deposited in the account to the minor. The custodian of the Account ects as a trustee for the minor until the minor is 18 years of age, at which time the minor is absolutely entitled to the money. Neither the donor of the money nor the custodian is entitled to the use or benefit of the money, except for the support, education, maintenance and benefit of the minor. I understand that if I establish a TUGMA account for my child, the money deposited will be the property of my child, and I may not invest the money in my name, use it to satisfy OnePlus balance requirements on my accounts, or otherwise use the money for my benefit.

# FOR VALUED BUSINESS CHECKING ACCOUNTS ONLY

The signers on this account are allowed to obtain ATM access. Depositor assumes the entire risk for fraudulent, unauthorized or otherwise improper use of ATM cards linked to this account. The Bank has no liability to the depositor for any errors or losses sustained in using the ATM card, except where the Bank fails to exercise ordinary care in processing any transaction. The Bank's liability in any case shall be limited to the amount of any funds improperly withdrawn or transferred from the depositor's account less any amount which, even with the exercise of ordinary care, would have been lost.

### FOR INDIVIDUAL/JOINT ACCOUNTS ONLY

#### AGREEMENT REGARDING PULSE CARD

- That if I do not use the PULSE CARD and PERSONAL IDENTIFICATION NUMBER within any consecutive 12 month period this service may be automatically terminated without notice to me.

  That the PULSE CARD and PERSONAL IDENTIFICATION NUMBER will be subject to this signature card, the Agreement, and any other disclosures statements furnished to me.
- That the Bank may terminate or suspend my Pulse services (as described in the Electronic Funds Transfer disclosure) at any time without notice to me and without in any way affecting any of my obligations to the Bank.

# JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

By signing this card and checking the box on the front of this card marked "Joint Tenancy with Right of Survivorship, the Depositors stipulate and agree with each other and with Bank that the following terms and conditions shall apply to the Account:

- and with Bank that the following terms and conditions shall apply to the Account:

  (1) If husband and wife, each Depositor hereby agrees with the other and Bank that existing community funds on deposit and community funds to be deposited in the future and any interest and income shall be held in joint tenancy and shall pass by right of survivorship pursuant to the terms hereafter set forth.

  (2) Depositors agree that, on the death of one party to the joint account listed on the reverse side, all sums in the addoing to the death shall vest in and belong to the surviving party as his or her separate property and estate. If there are two or more surviving parties, their respective ownership during lifetime shall be in proportion to their previous ownership afterests under the Texas Probate Code, Section 438, augmented by an equal stars for each survivor of any interest the deceased Co-Depositor may have solved in the Account or the Deposit immediately before his or her death, and the right of Survivior the Deposit immediately before his or her death, and the right of Survivior hip shall continue to be in full force and effect between the surviving parties.

  (3) Depositors agree to indemnify and hold Bank harmless from liability arising from the failure of this Agreement, for any Texasor to death a valid joint tenancy with right of survivorship.
- This agreement regarding the right of Survivorship will be effective only if the Account styling includes "Joint Account with Right of Survivorship," "JAWROS," or words or abbreviations of similar import.

		MEDICAL			TBSNEC
COMMI ACCOUNT NAME OMNIPLUS I	(ONLY) ("Depo		FIDUCIA	RY Card # 1 MAY 2 8	of 1 1997
TAX 1.D. NUMBER		PHONE NUMBER	DATE OPENED		
760494742 CHECK ONE:		713-988-6986	3/01/96		5235
☐ Corporation  【Limited Liabil ☐ Trade Name ☐ Partnership	ity Company ☐ Fiducia ☐ Associ	ary			
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MONEY MARI			-	☐ YOUTH SAV	
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2.	Facsimi	le .		2.	
3.				3.	
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the certifications rec By signing above, D (1) The number si (2) Either: Deposi the Internal Revereport all interest backup withholdi Check one where ap	quired to avoid be epositor and each hown in the blank ltor is NOT subje nue Service (IRS) or dividends, or inglicable: es as one or mor	not require your cor ackup with holding. th of the signers cert k above is Depositor ct to backup withhol ) that Depositor is so the IRS has notified he following Boxes i re of the following (a	ifies under penar's correct Taxpa ding either beca bject to backup Depositor that I checked:	ulties of perjury that nyer Identification Ni nuse Depositor has n withholding as a re Depositor is no long	umber. not been notified by suit of a failure to er subject to
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### FOR ALL ACCOUNTS

Each Depositor agrees to the provisions of the Terms and Conditions of Deposit Accounts delivered to Depositor herewith ("the Agreement"). Depositor acknowledges receipt of the Agreement, Bank's schedule of service charges and a copy of Bank's Funds Availability Policy.

#### DISCLOSURE REGARDING TUTMA ACCOUNTS

By signing this card, the Depositor agrees to be bound to the provisions noted below for accounts established under the Texas Uniform Transfers to Minors Act ("TUTMA") not withstanding the provisions in the Terms and Conditions of Deposit Accounts regarding Texas Uniform Gifts to Minors Act Accounts. Accounts established under TUTMA irrevocably transfers the money deposited in the account to the minor. The custodian of the Account acts as a trustee for the minor until the minor is 21 years of age, at which time the minor is absolutely entitled to the money. Neither the donor of the money nor the custodian is entitled to the use of the funds except for the use and benefit of the minor.

I understand that if I establish a TUTMA account for a minor, the money deposited will be the property of the minor, and I may not invest the money in my name, use it to satisfy OnePlus balance requirements on my accounts, or otherwise use the money for my benefit.

# FOR VALUED BUSINESS CHECKING ACCOUNTS ONLY

The signers on this account are allowed to obtain ATM access. Depositor assumes the entire risk for fraudulent, unauthorized or otherwise improper use of ATM cards linked to this account. The Bank has no liability to the depositor for any errors or losses sustained in using the ATM card, except where the Bank fails to exercise ordinary care in processing any transaction. The Bank's liability in any case shall be limited to the amount of any funds improperly withdrawn or transferred from the depositor's account less any amount which, even with the exercise of ordinary care, would have been lost.

# FOR INDIVIDUAL/JOINT ACCOUNTS ONLY

### AGREEMENT REGARDING PULSE CARD

- (1) That if I do not use the PULSE CARD and PERSONAL IDENTIFICATION NUMBER within any consecutive 12 month period this service may be automatically terminated without notice to me.
- (2) That the PULSE CARD and PERSONAL IDENTIFICATION NUMBER will be subject to this signature card, the Agreement, and any other disclosures statements furnished to me.
- (3) That the Bank may terminate or suspend my Pulse services (as described in the Electronic Funds Transfer disclosure) at any time without notice to me and without in

### JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

By signing this card and checking the box on the front of this card marked "Joint Tenancy with Right of Survivorship, the Depositors stipulate and agree with each other and with Bank that the following terms and conditions shall apply to the Account:

- (1) If husband and wife, each Depositor hereby agrees with the other and Bank that existing community funds on deposit and community funds to be deposited in the future and any interest and income shall be held in joint tenancy and shall pass by right of survivorship pursuant to the terms hereafter set forth.
- (2) Depositors agree that, on the death of one party to the joint account listed on the reverse side, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate. If there are two or more surviving parties, their respective ownerships during lifetime shall be in proportion to their previous ownership interests under the Texas Probate Code, Section 438, augmented by an equal share for each survivor of any interest the deceased Co-Depositor may have owned in the Account or the Deposit immediately before his or her death, and the right of survivorship shall continue to be in full force and effect between the surviving parties.
- (3) Depositors agree to indemnify and hold Bank harmless from liability arising from the failure of this Agreement, for any reason, to create a valid joint tenancy with right of survivorship.
- (4) This agreement regarding the right of survivorship will be effective only if the Account styling includes "Joint Account with Right of Survivorship," "IAWROS," or words or abbreviations of similar import.

8 #

DUCINECO ACCOUNT 100 C						(	THASE 🗘
BUSINESS ACCOUNT ADD S	IGNERS FO	PKM			**************************************		
IAME OF BUSINESS OMNIPLU	JS HEALTH	CARE, L.P.				TAYPAYER	ID NO. 76-0494742
BUSINESS ADDRESS 4916 MAI	N ST STE 1	00, HOUSTON, TX 77	7002-9765			1770 71 20	10 110. 70-0434742
BRANCH NAME AND NO. CRED	DIT-TX-SOU	TH - 287		BANK NO. 201		BRANCH PHONE I	NO. (713) 868-6771
NTEROFFICE MAILCODE TX2-	6116	PREPARED BY, NAM	IE EDWARD MIXO	N			DATE: 10/09/2014
Please add the following signer to the acco Name of the Signer to Add LEONARD L CARR JR	unts listed below	(other authorized signers on rec	cord do not change): Title SIGNER	-4	S	ilgnature	Date 10/9/14
Identification 1) Driver's License 2) None	Matter Manufaguerran attraction		ID Number	***************************************	Issuer TX	Issuance Date 06/20/2012	Expiration Date 07/09/2018
Account Numbers:		9831			1		
Please add the following signer to the accor	unts listed below	(other sufficient somers on re-	(annut at an an		<del>^</del>		***************************************
Name of the Signer to Add SCOTT A BREIMEISTER	unia astau valva	Cone: antitorized agricus office	SIGNER		Lett B	rumus 7	)   Date
Identification			ID Number		Issuer	Issuance Date	Expiration Date
1) Driver's License					TX	03/11/2010	04/04/2016
2) None	,						
Account Numbers:		9831					
5235							
Please add the following signer to the acco Name of the Signer to Add	unts listed below	(other authorized signers on red	cord do not change) Title		s	ignatu <del>re</del>	Date
Identification			ID Number		lasuer	Issuance Date	Expiration Date
Account Numbers:	<u></u>			**			
CERTIFICATION The undersigned hereby certifies that the paccounts. The undersigned further certifies					dance with resolution	s or other documents of the Busine	ess regarding signing authority for bar
For a Corporation or Unincorporated Association or Organization:		For Sale Proprietorship:	Jaao am ng mulitu bi		imited Liability Com	pany: For Government	t Entity:
Secretary	Date	Owner/Sole Proprietor	Date	Partner/Member/Man	ager	Date Celtifying Official	Date
			1			JPMorgan Chase	Bank, N.A. Member FDiC

USINESS ACCOUNT REMOV	F SIGNERS FORM			CHAS	EO
					7.K.
AME OF BUSINESS OMNIPLUS	HEALTH CARE LLC			 TAXPAYER ID NO. 76-0494	742
USINESS ADDRESS ACCOUNT	ING SERVICES, P.O. Box 19923	3, Houston, TX 77224-9923			
RANCH NAME AND NO. MEDICA		BANK NO. 20	)1 В	RANCH PHONE NO. (713) 795-7	338
TEROFFICE MAILCODE TX2-6		ME EDWARD MIXON		DATE: 03/0	7/2013
rease remove the following signer from the a larne of the Signer to Remove: Jeffrey H Charnov	accounts listed below (other authorized signers	on record do not change):			
ccount Numbers:					
5235					
Please remove the following signer from the s Name of the Signer to Remove:	accounts listed below (other authorized signers	on record do not change):			
Account Numbers:					
Please remove the following signer from the Name of the Signer to Remove:	accounts listed below (other authorized signers	on record do not change).			
Account Numbers:					
CERTIFICATION The undersigned hereby certifies that the per- accounts.	son(s) removed as authorized signers on the ar	ccount(s) indicated above have been removed in	accordance with resolutions or other of	documents of the Business regarding signing a	authority for be
or a Corporation or Unincorporated Association or Organization:	For Sole Proprietarship:	For Partnership.c	or Limited Prability Company:	For Government Entity:	
Secretary	Date Owner/Sole Proprietor	Date PartnerMember	marriagus Date	Certifying Official	Date
		****		_	_

10-Feb-17

NUMBER ACCOUNT ARR SICC	NEDE E	2024				CI	HASE 🗘
BUSINESS ACCOUNT ADD SIG	NERS FO	JRM					
NAME OF BUSINESS OMNIPLUS						TAXPAYER ID N	O. <u>76-0494742</u>
BUSINESS ADDRESS ACCOUNTII BRANCH NAME AND NO. MEDICA	L - 345			BANK NO. 201		BRANCH PHONE NO.	(713) 795-7338 DATE: 03/07/2013
NTEROFFICE MAILCODE TX2-617 Please add the following signer to the accounts Name of the Signer to Add DEJAN MILOSEVIC		PREPARED BY: NAME (other authorized signers on record		<u>.</u>	Sign	aturd	Date 3/7/20/3
Identification 1) Driver's License 2) None			ID Number		issuer TX	Issuance Date	Expiration Date 07/10/2015
Account Numbers: 5235							
Please add the following signer to the account Name of the Signer to Add	s listed below	v (other authorized signers on record	do not change): Title		Sign	ature	Date
Identification			ID Number		Issuer	Issuance Date	Expiration Date
Account Numbers:							
Please add the following signer to the account Name of the Signer to Add	s insted below	v (other authorized signers on record	do not change): Title		Sign	ature	Date
Identification			ID Number		Issuer	Issuance Date	Expiration Date
Account Numbers:							
CERTIFICATION The undersigned hereby certifies that the persecuents. The undersigned further certifies this	son(s) added	as authorized signers on the accounted as authorized signers, the name	unt(s) indicated above ha	we been added in accord	lance with resolutions or	other documents of the Business re-	garding signing authority for ban
For a Corporation or Unincorporated Association or Organization:		For Sole Proprietorship:	•		mited Clability Company	For Government Entit	y:
Secretary	Date	Owner/Sole Proprietor	Date	Partner/Member/Mana	iger	Date Certifying Official	Date
							Scan



10Feb17-2363